



10-18-01

CPA/3634#
Astricia Lewis
#18/reg for Copm
CPA + fee
PATENT APPLICATION
10-22-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No: 29020/96007B2

**CONTINUED PROSECUTION APPLICATION REQUEST
TRANSMITTAL UNDER 37 CFR 1.53(d)**

**Box CPA
Commissioner for Patents
Washington, D.C. 20231**

**RECEIVED
OCT 22 2001
GROUP 3600**

Sir:

This is a request under 37 CFR 1.53(d) for filing a

- ☒ continuation application.
☐ divisional application.

1. Particulars of Prior Application

Application Serial No: 09/249,916
Filed on: February 12, 1999
Title: Coupling Mechanism and Panel for Sectional Door
Art Unit: 3634
Examiner: B. Lev

10/19/2001 KZEWIDIE 00000020 132855 09249916

01 FC:131

740.00 DP

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Continued Prosecution Application Request Transmittal Under 37 CFR 1.53(d) and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **October 15, 2001**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EL564463631US.

Paul B. Stephens

2. This request is filed by:

1. Full Name of Inventor	Family Name Hoerner	First Given Name Bill	Second Given Name
Residence & Citizenship	City Dubuque	State or Foreign Country Iowa	Country of Citizenship United States of America
Post Office Address	Post Office Address 1935 North Grandview	City Dubuque	State & Zip Code/Country Iowa, 52001 United States of America

2. Full Name of Inventor	Family Name Jansen	First Given Name Tom	Second Given Name
Residence & Citizenship	City Dubuque	State or Foreign Country Iowa	Country of Citizenship United States of America
Post Office Address	Post Office Address 10186 Dixie Drive	City Dubuque	State & Zip Code/Country Iowa, 52001 United States of America

3. Full Name of Inventor	Family Name Knutson	First Given Name Perry	Second Given Name
Residence & Citizenship	City Lancaster	State or Foreign Country Wisconsin	Country of Citizenship United States of America
Post Office Address	Post Office Address 205 South Polk Street	City Lancaster	State & Zip Code/Country Wisconsin, 53813 United States of America

- ☐ This application is being filed by less than all the inventors named in the prior application. An accompanying statement requests deletion of the name(s) of the person(s) who are not inventors of the invention being claimed in this application.

3. Amendments

- ☐ Cancel claims _____ in the prior application before calculating the filing fee.
- ☐ A Preliminary Amendment is enclosed.
- ☐ Please enter the Amendment Under 37 CFR 1.116 previously filed in the prior nonprovisional application on _____, but unentered.
- ☒ The filing fee is based upon entry of the foregoing amendment(s) (if any).

4. **Priority**

- ☐ Priority of application No. _____, filed on _____ in _____ is claimed under 35 USC 119.
- ☐ The certified copy(ies) was(were) filed in prior U.S. application Serial No. _____.
- ☐ The certified copy(ies) has(have) not been filed.

5. **Assignment**

- ☒ The prior application is assigned of record to Rite-Hite Holding Corporation, and has been recorded at Reel No. 010767, Frame No. 0465.

6. **Small Entity Status**

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A small entity statement is(are) attached.

7. **Power of Attorney**

- ☐ A new power of attorney or authorization of agent is enclosed.

8. **Information Disclosure Statement**

- ☐ PTO-1449 is enclosed.
- ☐ Copies of Information Disclosure Statement citations are enclosed.

9. **Application to Be Published**

- ☒ Yes.
- ☐ No. A Request and Certification Under 35 U.S.C. §122(b)(2)(B)(i) is attached.

10. **Fee Calculation**

CLAIMS AS FILED - INCLUDING AMENDMENT(S) (IF ANY)						
			SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$370.00		\$740.00
TOTAL	4 -20	= 0	X 9 =	\$	X 18 =	\$0.00
INDEP.	2 - 3	= 0	X 42 =	\$	X 84 =	\$0.00
<input type="checkbox"/> First Presentation of Multiple Dependent Claim			+ 140 =	\$	+ 280 =	\$
Filing Fee:				\$	OR	\$740.00

11. Method of Payment of Fees

- ☒ Attached is a check in the amount of: \$740.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ _____
A copy of this Transmittal is enclosed.

12. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, Gerstein & Borun at the address below.

13. Correspondence Address

Customer No.: 04743

Respectfully submitted,

MARSHALL, GERSTEIN & BORUN
6300 Sears Tower
233 South Wacker Drive
Chicago, Illinois 60606-6357
(312) 474-6300
(312) 474-0448 (Telefacsimile)

By: _____

Paul B. Stephens
Reg. No: 47,970

October 15, 2001